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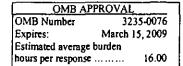
Washington, DC 20549

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

TEMPORARY

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION





Name of Offering (check if this is an a Limited Partnership Interests of the		•	ndicate change	.)			
Filing Under (Check box(es) that apply): Type of Filing: New Filing	☐ Rule 504 ☐ Amendment	Rule 505			(6) ULOE		
	A. BAS	IC IDENTIFICAT	TION DATA				
1. Enter the information requested about	the issuer		_				
Name of Issuer (check if this is an amer Select Equity Fund, L.P.	idment and name ha	s changed, and indi	cate change.)				
Address of Executive Offices c/o Select Equity Group, Inc., 380 La		and Street, City, Sta th Floor, NY, NY		Telephone Number (Ir (212) 475-8335	ncluding Area Code)		
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (In (if different from Executive Offices)					ncluding Area Code)		
Brief Description of Business		,					
Private Investment Fund					PROCECED		
Type of Business Organization							
	rtnership, already for rtnership, to be form		er (please spec	ity):	MAR 2 6 2009		
Actual or Estimated Date of Incorporation of Jurisdiction of Incorporation or Organization	n: (Enter two-le	Month Year 0 9 0 1 etter U.S. Postal Ser da; FN for other for		•	THOMISON REUTER		

GENERAL INSTRUCTIONS

Note: This is a special Temporary Form D (17 CFR 239.500T) that is available to be filed instead of Form D (17 CFR 239.500) only to issuers that file with the Commission a notice on Temporary Form D (17 CFR 239.500T) or an amendment to such a notice in paper format on or after September 15, 2008 but before March 16, 2009. During that period, an issuer also may file in paper format an initial notice using Form D (17 CFR 239.500) but, if it does, the issuer must file amendments using Form D (17 CFR 239.500) and otherwise comply with all the requirements of § 230.503T.

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 100 F Street, N.E., Washington, D.C. 20549.

Copies Required: Two (2) copies of this notice must be filed with the SEC, one of which must be manually signed. The copy not manually signed must be a photocopy of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not

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required to respond unless the form displays a currently valid OMB control number.

1 of 8

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - · Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, Select Equity Holdings,	•	eneral Partner")						
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Select Equity Group, Inc 380 Lafayette Street, 6th Floor, New York, NY 10003								
Check Box(es) that Apply: *Manager of the General I		Beneficial Owner	■ *Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, Loening, George S.	if individual)							
Business or Residence Addr	ess (Number an	d Street, City, State, Zip	Code)					
c/o Select Equity Group, Ir	ic 380 Lafaye	ette Street, 6th Floor, Ne	w York, NY 10003					
Check Box(es) that Apply: *of the General Partner	Promoter	☐ Beneficial Owner	⊠ * Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first,	if individual)							
Britton, John D.								
Business or Residence Addr								
c/o Select Equity Group, In	ic 380 Lafaye	ette Street, 6th Floor, Ne	w York, NY 10003					
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first,	f individual)			<u>-</u>				
Business or Residence Address (Number and Street, City, State, Zip Code)								
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, i	f individual)							
Business or Residence Addre	ess (Number and	d Street, City, State, Zip (Code)					
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, i	f individual)							
Business or Residence Address (Number and Street, City, State, Zip Code)								
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, if individual)								
Business or Residence Address (Number and Street, City, State, Zip Code)								
	(Use bla	ank sheet or conv and us	e additional copies of this	sheet as necess	ary)			

						B. INFOR	MATION	ABOUT	OFFERI	NG					
1.	Has the issu	er sold, or	does the i	ssuer inten	d to sell, to	o non-accr	edited inv	estors in th	is offering	?					No
	Answer also in Appendix, Column 2, if filing under ULOE.														
2. What is the minimum investment that will be accepted from any individual?								\$ <u>1,000,</u>	000*						
*Subject to a reduction or increase in the sole discretion of the General Partner 3. Does the offering permit joint ownership of a single unit?								Yes	No						
								×							
4.	remuneration person or a	on for solic gent of a b i) persons t	itation of roker or d	purchasers ealer regis	in connect tered with	ction with the SEC a	sales of se and/or with	curities in	the offeri states, lis	ng. If a p	erson to be of the br	e listed is oker or de	on or similar an associated aler. If more hat broker or		
Fu	ll Name (Last	name first,	if individ	ual)											
Bu	siness or Resi	dence Add	ress (Num	ber and St	reet, City,	State, Zip	Code)					, <u>-</u>		.	
Na	me of Associa	ated Broker	or Dealer							•				<u> </u>	-
Sta	ates in Which	Person List	ed Has So	licited or I	ntends to	Solicit Pur	chasers		<u></u> .						
	(Check	k "All State	s" or chec	k individu	al States).		***************************************		***************************************	***********			***************************************	🗆 A	ll States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	(HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		
Fu	ll Name (Last	name first,	if individ	ıal)											
Bu	siness or Resi	dence Add	ress (Num	ber and St	reet, City,	State, Zip	Code)		•		· 				•
Na	me of Associa	ited Broker	or Dealer										•	<u> </u>	
Sta	tes in Which	Person List	ed Has So	licited or I	ntends to S	Solicit Pur	chasers							_	
	(Check "All	States" or	check ind	ividual Sta	tes)	************		***************************************			•••••		*******************************	🗆 A	ll States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		
Fu	ll Name (Last	name first,	if individu	ıal)											
Bu	siness or Resid	dence Addi	ress (Numi	ber and Str	reet, City,	State, Zip	Code)	-				<u> </u>			
Na	me of Associa	ted Broker	or Dealer									 	·····		
Sta	tes in Which I	Person List	ed Has So	licited or I	ntends to S	Solicit Purc	chasers		•		•				
(Check "All States" or check individual States)							🔲 Al	I States							
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\subseteq \) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	\$	
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$1,000,000,000	<u> </u>
	Other (Specify)	\$	_ \$
	Total	\$1,000,000,000	\$ <u>197,155,838.49</u>
2.	Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	79	<u>\$197,155,838,49</u>
	Non-accredited Investors	0	<u> </u>
	Total (for filings under Rule 504 only)	79	\$ <u>197,155,838.49</u>
3.	Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		_ \$
	Regulation A		<u> </u>
	Rule 504		<u> </u>
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees	[□ \$
	Printing and Engraving Costs		□ \$
	Legal Fees		
	Accounting Fees		
	Engineering Fees		
	Sales Commissions (specify finder's fees separately)		
	Other Expenses (identify)		□ s
	Total		№ \$10,000

	C. OFFERING PRICE, NUMBER OF IN	VESTORS, EXPENSE	S AND USE	OF PROCEE	os
	b. Enter the difference between the aggregate offering p to Part C — Question 1 and total expenses furnished in Question 4.a. This difference is the "adjusted gross proc	response to Part C -			\$ <u>999,990,000</u>
5.	Indicate below the amount of the adjusted gross proceed proposed to be used for each of the purposes shown, purpose is not known, furnish an estimate and check the estimate. The total of the payments listed must equip proceeds to the issuer set forth in response to Part C – Qui	If the amount for any box to the left of the all the adjusted gross			
			Óf Dire	nents to ficers, ctors, & filiates	Payments to Others
	Salaries and fees		□ \$		□ \$
	Purchase of real estate		□ \$		□ s
	Purchase, rental or leasing and installation of machinery	and equipment	□ \$		□ \$
	Construction or leasing of plant buildings and facilities	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	S		□ s
	Acquisition of other businesses (including the value involved in this offering that may be used in exchange to f securities of another issuer pursuant to a merger)	for the assets	□ s		□ s
	Repayment of indebtedness				_ ·
	Working capital				□ \$
	Other (specify): Investemnt Capital				⋈ \$ <u>999,990,000</u>
					™ 6000 000 000
	Column Totals		□ 3		\$999,990,000
	Total Payments Listed (column totals added)			⋈ \$ <u>999.99</u>	<u> </u>
TO AN	D FEDER	AL SIGNATURE			
follow	uer has duly caused this notice to be signed by the undering signature constitutes an undertaking by the issuer to of its staff, the information furnished by the issuer to any	furnish to the U.S. Sec	urities and I	Exchange Comn	nission, upon written
	Print or Type) Equity Fund, L.P.	Signature		Date 3 11	<i>7</i> 9
	• • •	Title of Signer (Print or Manager of Select Ed	• • /	ings, LLC, the	General Partner

